State of Arizona Senate Forty-seventh Legislature First Regular Session 2005

CHAPTER 206

SENATE BILL 1353

AN ACT

AMENDING SECTIONS 12-2292, 12-2293, 12-2294, 12-2294.01, 12-2295, 12-2296, 12-2802, 36-507, 36-509, 36-517.01, 36-664 AND 36-3602, ARIZONA REVISED STATUTES; RELATING TO MEDICAL AND PAYMENT RECORDS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

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Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 12-2292, Arizona Revised Statutes, is amended to read:

12-2292. Confidentiality of medical records and payment records

- A. Unless otherwise provided by law, all medical records and payment records, and the information contained in medical records and payment records, are privileged and confidential. A health care provider may only disclose that part or all of a patient's medical records and payment records as authorized by state or federal law or written authorization signed by the patient or the patient's health care decision maker.
- B. This article does not limit the effect of any other federal or state law governing the confidentiality of medical records AND PAYMENT RECORDS.
 - Sec. 2. Section 12-2293, Arizona Revised Statutes, is amended to read: 12-2293. Release of medical records and payment records to patients and health care decision makers; definition
- A. Except as provided in subsection SUBSECTIONS B AND C of this section, on the written request of a patient or the patient's health care decision maker for access to or copies of the patient's medical records AND PAYMENT RECORDS, the health care provider in possession of the record shall provide access to or copies of the medical records to the patient or the patient's health care decision maker.
- B. A health care provider may deny a request for access to or copies of medical records OR PAYMENT RECORDS if the patient receives treatment for a mental disorder as defined in section 36-501 and the attending physician or psychologist A HEALTH PROFESSIONAL determines and notifies the health care provider in possession of the medical record that either:
- 1. Access to the medical record is contraindicated and BY THE PATIENT OR THE PATIENT'S HEALTH CARE DECISION MAKER is reasonably likely to endanger the life or physical safety of the patient or another person.
- 2. The information is raw test data and psychometric testing materials and access is reasonably likely to endanger the life or physical safety of the patient or another person.
- 2. THE RECORDS MAKE REFERENCE TO A PERSON OTHER THAN A HEALTH PROFESSIONAL AND ACCESS BY THE PATIENT OR THE PATIENT'S HEALTH CARE DECISION MAKER IS REASONABLY LIKELY TO CAUSE SUBSTANTIAL HARM TO THAT OTHER PERSON.
- 3. ACCESS BY THE PATIENT'S HEALTH CARE DECISION MAKER IS REASONABLY LIKELY TO CAUSE SUBSTANTIAL HARM TO THE PATIENT OR ANOTHER PERSON.
- 3. 4. Access by the PATIENT OR THE patient's health care decision maker would reveal information obtained under a promise of confidentiality between the patient and the health care professional WITH SOMEONE OTHER THAN A HEALTH PROFESSIONAL AND ACCESS WOULD BE REASONABLY LIKELY TO REVEAL THE SOURCE OF THE INFORMATION.

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- C. A HEALTH CARE PROVIDER MAY DENY A REQUEST FOR ACCESS TO OR COPIES OF MEDICAL RECORDS OR PAYMENT RECORDS IF THE HEALTH CARE PROVIDER DETERMINES THAT EITHER:
- 1. THE INFORMATION WAS CREATED OR OBTAINED IN THE COURSE OF CLINICAL RESEARCH AND THE PATIENT OR THE PATIENT'S HEALTH CARE DECISION MAKER AGREED TO THE DENIAL OF ACCESS WHEN CONSENTING TO PARTICIPATE IN THE RESEARCH AND WAS INFORMED THAT THE RIGHT OF ACCESS WILL BE REINSTATED ON COMPLETION OF THE RESEARCH.
- 2. A HEALTH CARE PROVIDER IS A CORRECTIONAL INSTITUTION OR IS ACTING UNDER THE DIRECTION OF A CORRECTIONAL INSTITUTION AND ACCESS BY A PATIENT WHO IS AN INMATE IN THE CORRECTIONAL INSTITUTION WOULD JEOPARDIZE THE HEALTH, SAFETY, SECURITY, CUSTODY OR REHABILITATION OF THE PATIENT OR OTHER INMATES OR THE SAFETY OF ANY OFFICER, EMPLOYEE OR OTHER PERSON AT THE CORRECTIONAL INSTITUTION OR OF A PERSON WHO IS RESPONSIBLE FOR TRANSPORTING THE INMATE.
- C. D. If the health care provider denies a request for access to or copies of the medical records OR PAYMENT RECORDS, the health care provider must note this determination in the patient's medical record RECORDS and provide to the patient or the patient's health care decision maker a written explanation of the reason for the denial of access. The health care provider must release the medical record RECORDS OR PAYMENT RECORDS information for which there is not a basis to deny access under subsection B of this section.
- E. FOR THE PURPOSES OF THIS SECTION, "HEALTH PROFESSIONAL" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-3201.
 - Sec. 3. Section 12-2294, Arizona Revised Statutes, is amended to read: 12-2294. Release of medical records and payment records to third parties
- A. A health care provider shall disclose medical records or payment records, or the information contained in medical records or payment records, without the patient's written authorization as otherwise required by law or when ordered by a court or tribunal of competent jurisdiction.
- B. A health care provider may disclose medical records or payment records, or the information contained in medical records or payment records, pursuant to written authorization signed by the patient or the patient's health care decision maker.
- C. A health care provider may disclose medical records OR PAYMENT RECORDS or the information contained in medical records OR PAYMENT RECORDS without the written authorization of the patient or the patient's health care decision maker as otherwise authorized by state or federal law, including the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 160 and part 164, subpart E), or as follows:
- 1. To attending and consulting health care providers who are currently providing health care to the patient for the purpose of diagnosis or treatment of the patient.

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- 2. To health care providers who have previously provided treatment to the patient, to the extent that the records pertain to the provided treatment.
- 3. To ambulance attendants as defined in section 36-2201 for the purpose of providing care to or transferring the patient whose records are requested.
- 4. To a private agency that accredits health care providers and with whom the health care provider has an agreement requiring the agency to protect the confidentiality of patient information.
- 5. To a health profession regulatory board as defined in section 32-3201.
- 6. To health care providers for the purpose of conducting utilization review, peer review and quality assurance pursuant to section 36-441, 36-445, 36-2402 or 36-2917.
- 7. To a person or entity that provides billing, claims management, medical data processing, utilization review or other administrative services to the patient's health care providers AND WITH WHOM THE HEALTH CARE PROVIDER HAS AN AGREEMENT REQUIRING THE PERSON OR ENTITY TO PROTECT THE CONFIDENTIALITY OF PATIENT INFORMATION.
- 8. To the legal representative of a health care provider in possession of the medical record RECORDS OR PAYMENT RECORDS for the purpose of securing legal advice.
 - 9. To the patient's third party payor or the payor's contractor.
- 10. To the industrial commission of Arizona or parties to an industrial commission claim pursuant to the provisions of title 23, chapter 6.
- D. A health care provider may disclose a deceased patient's medical records OR PAYMENT RECORDS or the information contained in medical records OR PAYMENT RECORDS to the patient's health care decision maker at the time of the patient's death. A health care provider also may disclose a deceased patient's medical records OR PAYMENT RECORDS or the information contained in medical records OR PAYMENT RECORDS to the personal representative or administrator of the estate of a deceased patient, or if a personal representative or administrator has not been appointed, to the following persons in the following order of priority, unless the deceased patient during the deceased patient's lifetime or a person in a higher order of priority has notified the health care provider in writing that the deceased patient opposed the release of the medical records OR PAYMENT RECORDS:
- 1. The deceased patient's spouse, unless the patient and the patient's spouse were legally separated at the time of the patient's death.
- 2. The acting trustee of a trust created by the deceased patient either alone or with the deceased patient's spouse if the trust was a revocable inter vivos trust during the deceased patient's lifetime and the deceased patient was a beneficiary of the trust during the deceased patient's lifetime.
 - 3. An adult child of the deceased patient.

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- 4. A parent of the deceased patient.
- 5. An adult brother or sister of the deceased patient.
- 6. A guardian or conservator of the deceased patient at the time of the patient's death.
- E. A person who receives medical records OR PAYMENT RECORDS pursuant to this section shall not disclose those records without the written authorization of the patient or the patient's health care decision maker, unless otherwise authorized by law.
- F. If a health care provider releases a patient's medical record RECORDS OR PAYMENT RECORDS to a contractor for the purpose of duplicating or disclosing the record RECORDS on behalf of the health care provider, the contractor shall not disclose any part or all of a patient's medical record RECORDS OR PAYMENT RECORDS in its custody except as provided in this article. After duplicating or disclosing a patient's medical record RECORDS OR PAYMENT RECORDS on behalf of a health care provider, a contractor must return the record RECORDS to the health care provider who released the medical record RECORDS OR PAYMENT RECORDS to the contractor.
- Sec. 4. Section 12-2294.01, Arizona Revised Statutes, is amended to read:

12-2294.01. Release of medical records or payment records to third parties pursuant to subpoena

- A. A subpoena seeking medical records OR PAYMENT RECORDS shall be served on the health care provider and any party to the proceedings at least ten days before the production date on the subpoena.
- B. A health care provider shall release the medical records to the party seeking the medical records if the subpoena meets THAT SEEKS MEDICAL RECORDS OR PAYMENTS RECORDS MUST MEET one of the following requirements:
- 1. The subpoena is accompanied by a written authorization signed by the patient or the patient's health care decision maker.
- 2. The subpoena is accompanied by a court or tribunal order requiring THAT REQUIRES the release of the medical records to the party seeking the medical records OR THAT MEETS THE REQUIREMENTS FOR A QUALIFIED PROTECTIVE ORDER UNDER THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT PRIVACY STANDARDS (42 CODE OF FEDERAL REGULATIONS SECTION 164.512(e)).
- 3. The subpoena is a grand jury subpoena issued in a criminal investigation.
- 4. The subpoena is issued by a health profession regulatory board as defined in section 32-3201.
- 5. The health care provider is required by another law to release the medical records to the party seeking the medical records.
- C. IF A SUBPOENA DOES NOT MEET ONE OF THE REQUIREMENTS OF SUBSECTION B OF THIS SECTION, A HEALTH CARE PROVIDER SHALL NOT PRODUCE THE MEDICAL RECORDS OR PAYMENT RECORDS TO THE PARTY SEEKING THE RECORDS, BUT MAY EITHER FILE THE RECORDS UNDER SEAL PURSUANT TO SUBSECTION D OF THIS SECTION, OBJECT TO

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PRODUCTION UNDER SUBSECTION E OF THIS SECTION OR FILE A MOTION TO QUASH OR MODIFY THE SUBPOENA UNDER RULE 45 OF THE ARIZONA RULES OF CIVIL PROCEDURE.

- C. D. IT IS SUFFICIENT COMPLIANCE WITH A SUBPOENA ISSUED IN A COURT OR TRIBUNAL PROCEEDING if the subpoena does not meet any of the requirements of subsection B, a health care provider shall not produce the records pursuant to the subpoena, but may choose to deliver DELIVERS the MEDICAL records OR PAYMENT RECORDS under seal as follows:
- 1. The health care provider may deliver by certified mail or in person a copy of all the medical records described in the subpoena by the production date to the clerk of the court or tribunal or if there is no clerk then to the court or tribunal, together with the affidavit described in paragraph 4 of this subsection.
- 2. The health care provider shall separately enclose and seal a copy of the records in an inner envelope or wrapper, with the title and number of the action, name of the health care provider and date of the subpoena clearly inscribed on the copy of the records. The health care provider shall enclose the sealed envelope or wrapper in an outer envelope or wrapper that is sealed and directed to the clerk of the court or tribunal or if there is no clerk then to the court or tribunal.
- 3. The copy of the medical records shall remain sealed and shall be opened only on order of the court or tribunal conducting the proceeding.
- 4. The medical records shall be accompanied by the affidavit of the custodian or other qualified witness, stating in substance each of the following:
- (a) That the affiant is the duly authorized custodian of the records and has authority to certify the $\frac{1}{2}$ records.
- (b) That the copy is a true complete copy of the $\frac{\text{medical}}{\text{described}}$ records described in the subpoena.
- (c) If applicable, that the health care provider is subject to the confidentiality requirements in 42 United States Code sections 290dd-3 and 290ee-3 and applicable regulations and that those confidentiality requirements may apply to the requested records. The affidavit shall request that the court make a determination, if required under applicable federal law and regulations, as to the confidentiality of the records submitted.
- (d) If applicable, that the health care provider has none of the medical records described or only part of the medical records described in the subpoena.
- 5. The copy of the medical records is admissible in evidence as provided under rule 902(11), Arizona rules of evidence. The affidavit is admissible as evidence of the matters stated in the affidavit and the matters stated are presumed true. If more than one person has knowledge of the facts, more than one affidavit may be made. The presumption established by this paragraph is a presumption affecting the burden of producing evidence.

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- D. E. If the A subpoena does not meet any ONE of the requirements of subsection B OF THIS SECTION OR IF GROUNDS FOR OBJECTION EXIST UNDER RULE 45 OF THE ARIZONA RULES OF CIVIL PROCEDURE, a health care provider shall not produce the records pursuant to the subpoena, but may choose to MAY file WITH THE COURT OR TRIBUNAL an objection TO THE INSPECTION OR COPYING OF ANY OR ALL OF THE RECORDS as follows:
- 1. On filing an objection, the health care provider shall send a copy of the objection to the patient at the patient's last known address, to the patient's attorney if known and to the party seeking the medical records, unless after reasonable inquiry the health care provider cannot determine the last known address of the patient.
- 2. On filing the objection, the health care provider has no further obligation to assert a state or federal privilege pertaining to the medical records or to appear or respond to a motion to compel production of medical records, and may produce the medical records if ordered by a court or tribunal. If an objection is filed, the patient or the patient's attorney is responsible for asserting or waiving any state or federal privilege that pertains to the medical records.
- 3. If an objection is filed, the party seeking production may request an order compelling production of the medical records. If the court or tribunal issues an order compelling production, a copy of the order shall be provided to the health care provider. On receipt of the order, the health care provider shall produce the records.
- 4. If applicable, an objection shall state that the health care provider is subject to the confidentiality requirements in 42 United States Code sections 290dd-3 and 290ee-3, shall state that the records may be subject to those confidentiality requirements and shall request that the court make a determination, if required under applicable federal law and regulations, on whether the submitted records are subject to discovery.
- F. IF A PARTY SEEKING MEDICAL RECORDS OR PAYMENT RECORDS WISHES TO EXAMINE THE ORIGINAL RECORDS MAINTAINED BY A HEALTH CARE PROVIDER, THE HEALTH CARE PROVIDER MAY PERMIT THE PARTY TO EXAMINE THE ORIGINAL RECORDS IF THE SUBPOENA MEETS ONE OF THE REQUIREMENTS OF SUBSECTION B OF THIS SECTION. THE PARTY SEEKING THE RECORDS ALSO MAY PETITION A COURT OR TRIBUNAL FOR AN ORDER DIRECTING THE HEALTH CARE PROVIDER TO ALLOW THE PARTY TO EXAMINE THE ORIGINAL RECORDS OR TO FILE THE ORIGINAL RECORDS UNDER SEAL WITH THE COURT OR TRIBUNAL UNDER SUBSECTION D OF THIS SECTION.
 - Sec. 5. Section 12-2295, Arizona Revised Statutes, is amended to read: 12-2295. Charges
- A. Except as otherwise provided by law, a health care provider or contractor may charge a person who requests copies of medical records OR PAYMENT RECORDS a reasonable fee for the production of the records. Except as necessary for continuity of care, a health care provider or contractor may require the payment of any fees in advance.

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- B. A health care provider or contractor shall not charge for the pertinent information contained in medical records provided to:
- 1. Another health care provider for the purpose of providing continuing care to the patient to whom the medical record pertains.
- 2. The patient to whom the medical record pertains for the demonstrated purpose of obtaining health care.
- 3. The health care decision maker of the patient to whom the medical record pertains for the demonstrated purpose of obtaining health care for the patient.
- 4. The Arizona medical board, the board of osteopathic examiners in medicine and surgery or an officer of the department of health services or the local health department requesting records pursuant to section 36-662.
 - Sec. 6. Section 12-2296, Arizona Revised Statutes, is amended to read: 12-2296. Immunity

A health care provider or contractor that acts in good faith under this article is not liable for damages in any civil action for the disclosure of medical records OR PAYMENT RECORDS or information contained in medical records OR PAYMENT RECORDS that is made pursuant to this article or as otherwise provided by law. The health care provider or contractor is presumed to have acted in good faith. The presumption may be rebutted by clear and convincing evidence.

- Sec. 7. Section 12-2802, Arizona Revised Statutes, is amended to read: 12-2802. Confidentiality of genetic testing results; disclosure
- A. Except as otherwise provided in this article, genetic testing and information derived from genetic testing are confidential and considered privileged to the person tested and shall be released only to:
 - 1. The person tested.
- 2. Any person who is specifically authorized in writing by the person tested or by that person's health care decision maker to receive this information.
 - 3. The health care decision maker of the person tested.
- 4. A researcher for medical research or public health purposes only if the research is conducted pursuant to applicable federal or state laws and regulations governing clinical and biological research or if the identity of the individual providing the sample is not disclosed to the person collecting and conducting the research.
- 5. A third person if approved by a human subjects review committee or a human ethics committee, with respect to persons who are subject to an Arizona cancer registry.
- 6. An authorized agent or employee of a health care provider if all of the following are true:
- (a) The health care provider performs the test or is authorized to obtain the test results by the person tested for the purposes of genetic counseling or treatment.

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- (b) The agent or employee provides patient care, treatment or counseling.
- (c) The agent or employee needs to know the information in order to conduct the test or provide patient care, treatment or counseling.
- 7. A health care provider that procures, processes, distributes or uses:
- (a) A human body part from a deceased person with respect to medical information regarding that person.
 - (b) Semen or ova for the purpose of artificial insemination.
- 8. A health care provider to conduct utilization review, peer review and quality assurance pursuant to section 36-441, 36-445, 36-2402 or 36-2917.
- 9. The authorized agent of a federal, state or county health department to conduct activities specifically authorized pursuant to the laws of this state for the birth defects registry, children's rehabilitative services, newborn screening and sickle cell diagnosis and treatment programs and chronic, environmentally provoked and infectious disease programs.
- 10. To obtain legal advice, the legal representative of a health care provider that is in possession of the medical record.
- 11. A health care provider that assumes the responsibility to provide care for, or consultation to, the patient from another health care provider that had access to the patient's genetic records.
- B. A person shall not disclose or be compelled to disclose the identity of any person on whom a genetic test is performed or the results of a genetic test in a manner that allows identification of the person tested except to the persons specified in the circumstances set forth in subsection A of this section.
- C. If genetic testing information is subpoenaed, a health care provider shall respond pursuant to section 12-2294.01, subsection θ E. In determining whether to order production of the genetic testing information, the court shall take all steps necessary to prevent the disclosure or dissemination of that information.
- D. Except as provided in this section, chapter 13, article 7.1 of this title does not apply to genetic testing information that is contained within a patient's medical record.
- E. Following the death of a person who had genetic testing performed, the release of the testing information is governed by section 12-2294, subsection D, except that the person may deny, release or limit release of the genetic testing results by adopting a provision in a testamentary document.
- F. Except as specifically provided in this article, a person to whom test results have been disclosed pursuant to this article, other than the person tested, shall not disclose the test results to any other person.
- G. A health care provider and the provider's agents and employees that act in good faith and that comply with this article are not subject to civil liability. The good faith of a health care provider that complies with this

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article is presumed. The presumption may be rebutted by a preponderance of the evidence.

H. This article does not limit the effect of title 20 provisions governing the confidentiality and use of genetic testing information.

Sec. 8. Section 36-507, Arizona Revised Statutes, is amended to read: 36-507. Patient's rights to privacy and to personal possessions

Every person undergoing evaluation or treatment pursuant to this chapter shall:

- 1. Have HAS the right not to be fingerprinted.
- 2. Have HAS the right not to be photographed without consent of the person and his THE PERSON'S attorney or guardian, except that he THE PERSON may be photographed upon admission to an agency for identification and administrative purposes of the agency. All photographs shall be confidential and shall not be released by the agency except pursuant to court order.
- 3. Have HAS the right to examine the written treatment program and the medical record, unless the attending physician OR THE PHYSICIAN'S DESIGNEE WHO IS A HEALTH PROFESSIONAL AS DEFINED IN SECTION 32-3201 determines that such an examination is contraindicated OR THE REQUIREMENTS OF SECTION 12-2293, SUBSECTION B ARE MET. If the attending physician OR THE PHYSICIAN'S DESIGNEE determines that DENIES such an examination is contraindicated, this determination shall be noted in the patient's medical record.
- 4. Have HAS access to individual storage space for his private use while undergoing evaluation or treatment.
- 5. Be permitted to MAY wear his THE PERSON'S own clothing, to keep and use his THE PERSON'S own personal possessions including his toilet articles and to keep and be allowed to spend a reasonable sum of his THE PERSON'S own money for his THE PERSON'S own needs and comfort. Notwithstanding the provisions of section 36-516, the director of the agency may deny the patient's rights under this paragraph if necessary to protect the safety of the patient or others. Such THE denial shall be based upon ON a written determination and entered into the patient's clinical record and the THAT information therein shall be made available on request to the person, his OR THE PERSON'S attorney or guardian.
 - Sec. 9. Section 36-509, Arizona Revised Statutes, is amended to read: 36-509. <u>Confidential records</u>
- A. A health care entity must keep records and information contained in records confidential and not as public records, except as the requirements of a hearing pursuant to this chapter may necessitate a different procedure PROVIDED IN THIS SECTION. RECORDS AND information and CONTAINED IN records may only be disclosed to:
- 1. Physicians and providers of health, mental health or social and welfare services involved in caring for, treating or rehabilitating the patient.
- 2. Individuals to whom the patient or the patient's health care decision maker has given authorization to have information disclosed.

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- 3. Persons authorized by a court order.
- 4. Persons doing research or maintaining health statistics, provided that the department establishes rules for the conduct of such research as will ensure the anonymity of the patient ONLY IF THE ACTIVITY IS CONDUCTED PURSUANT TO APPLICABLE FEDERAL OR STATE LAWS AND REGULATIONS GOVERNING RESEARCH.
- 5. The state department of corrections in cases in which prisoners confined to the state prison are patients in the state hospital on authorized transfers either by voluntary admission or by order of the court.
 - 6. Governmental or law enforcement agencies if necessary to:
- (a) Secure the return of a patient who is on unauthorized absence from any agency where the patient was undergoing evaluation and treatment.
 - (b) REPORT A CRIME ON THE PREMISES.
- (c) AVERT A SERIOUS AND IMMINENT THREAT TO AN INDIVIDUAL OR THE PUBLIC.
- Persons, including family members, actively participating in the 7. patient's care, treatment or supervision. A health care provider may only release information relating to the patient's diagnosis, prognosis, need for hospitalization, anticipated length of stay, discharge plan, medication, medication side effects and short-term and long-term treatment goals. health care provider may make this release only after the treating professional or that person's designee interviews the patient OR THE PATIENT'S HEALTH CARE DECISION MAKER and the patient or the patient's health care decision maker does not object, unless federal or state law otherwise permits the disclosure. IF THE PATIENT DOES NOT HAVE THE OPPORTUNITY TO OBJECT TO THE DISCLOSURE BECAUSE OF INCAPACITY OR AN EMERGENCY CIRCUMSTANCE AND THE PATIENT'S HEALTH CARE DECISION MAKER IS NOT AVAILABLE TO OBJECT TO THE RELEASE, THE HEALTH CARE PROVIDER IN THE EXERCISE OF PROFESSIONAL JUDGMENT MAY DETERMINE IF THE DISCLOSURE IS IN THE BEST INTERESTS OF THE PATIENT AND, IF SO, MAY RELEASE THE INFORMATION AUTHORIZED PURSUANT TO THIS A decision to release or withhold information is subject to review pursuant to section 36-517.01. The health care provider must record the name of any person to whom any information is given under this paragraph.
- 8. A state agency that licenses health professionals pursuant to title 32, chapter 13, 15, 17, 19.1 or 33 and that requires these records in the course of investigating complaints of professional negligence, incompetence or lack of clinical judgment.
 - 9. A STATE OR FEDERAL AGENCY THAT LICENSES HEALTH CARE PROVIDERS.
- 9.7 10. A governmental agency or a competent professional, as defined in section 36-3701, in order to comply with chapter 37 of this title.
- 10. 11. Human rights committees established pursuant to title 41, chapter 35. Any information released pursuant to this paragraph shall comply with the requirements of section 41-3804 and applicable federal law and shall be released without personally identifiable information unless the personally identifiable information is required for the official purposes of the human

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 rights committee. Case information received by a human rights committee shall be maintained as confidential. For the purposes of this paragraph, "personally identifiable information" includes A PERSON'S name, address, date of birth, social security number, tribal enrollment number, telephone or telefacsimile number, driver license number, places of employment, school identification NUMBER and military identification number or any other distinguishing characteristic that tends to identify a particular person.

- 11. 12. A patient or the patient's health care decision maker pursuant to section 36-507.
- . 13. The department of public safety by the court to comply with the requirements of section 36-540, subsection N.
- 13. 14. A third party payor OR THE PAYOR'S CONTRACTOR to obtain reimbursement for health care, mental health care or behavioral health care provided to the patient.
- 14. 15. A private entity that accredits the health care provider and with whom the health care provider has an agreement requiring the agency to protect the confidentiality of patient information.
- 16. THE LEGAL REPRESENTATIVE OF A HEALTH CARE ENTITY IN POSSESSION OF THE RECORD FOR THE PURPOSE OF SECURING LEGAL ADVICE.
 - 17. A PERSON OR ENTITY AS OTHERWISE REQUIRED BY STATE OR FEDERAL LAW.
- 18. A PERSON OR ENTITY AS PERMITTED BY THE FEDERAL REGULATIONS ON ALCOHOL AND DRUG ABUSE TREATMENT (42 CODE OF FEDERAL REGULATIONS PART 2).
- 19. A PERSON OR ENTITY TO CONDUCT UTILIZATION REVIEW, PEER REVIEW AND QUALITY ASSURANCE PURSUANT TO SECTION 36-441, 36-445, 36-2402 OR 36-2917.
- 20. A PERSON MAINTAINING HEALTH STATISTICS FOR PUBLIC HEALTH PURPOSES AS AUTHORIZED BY LAW.
 - 21. A GRAND JURY AS DIRECTED BY SUBPOENA.
- B. INFORMATION AND RECORDS OBTAINED IN THE COURSE OF EVALUATION, EXAMINATION OR TREATMENT AND SUBMITTED IN ANY COURT PROCEEDING PURSUANT TO THIS CHAPTER OR TITLE 14, CHAPTER 5 ARE CONFIDENTIAL AND ARE NOT PUBLIC RECORDS UNLESS THE HEARING REQUIREMENTS OF THIS CHAPTER OR TITLE 14, CHAPTER 5 REQUIRE A DIFFERENT PROCEDURE. INFORMATION AND RECORDS THAT ARE OBTAINED PURSUANT TO THIS SECTION AND SUBMITTED IN A COURT PROCEEDING PURSUANT TO TITLE 14, CHAPTER 5 AND THAT ARE NOT CLEARLY IDENTIFIED BY THE PARTIES AS CONFIDENTIAL AND SEGREGATED FROM NONCONFIDENTIAL INFORMATION AND RECORDS ARE CONSIDERED PUBLIC RECORDS.
- C. NOTWITHSTANDING SUBSECTIONS A AND B OF THIS SECTION, THE LEGAL REPRESENTATIVE OF A PATIENT WHO IS THE SUBJECT OF A PROCEEDING CONDUCTED PURSUANT TO THIS CHAPTER AND TITLE 14, CHAPTER 5 HAS ACCESS TO THE PATIENT'S INFORMATION AND RECORDS IN THE POSSESSION OF A HEALTH CARE ENTITY OR FILED WITH THE COURT.

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Sec. 10. Section 36-517.01, Arizona Revised Statutes, is amended to read:

36-517.01. Review of decisions regarding release of treatment information; notice; appeal; immunity

- A. An agency providing evaluation or treatment, on request of a person undergoing evaluation or treatment, a member of his family or his guardian, shall review the treating professional's decision to release or withhold information requested pursuant to section 36-504, subsection B or section 36-509, SUBSECTION A, paragraph 7. The agency shall inform a person whose request is denied of his right to a review when it notifies that person of its decision. The agency director or his designee shall conduct the review within five business days after the request for review is made. The review shall include an interview of the person undergoing evaluation or treatment. The agency shall make a decision to uphold or reverse the treating professional's decision within five business days after initiating the review. The agency shall bear the costs of conducting the review. Agency review pursuant to this section does not apply to a decision to release or withhold information made by a nonagency treating professional.
- B. A final agency decision made pursuant to subsection A of this section or a decision to release or withhold information made by a nonagency treating professional is subject to judicial review by filing a petition in the superior court within five business days after the agency or nonagency treating professional issues its decision. The court shall hold a hearing on the petition within five business days after the petition is filed. The agency or nonagency treating professional shall not release any treatment information during the period an appeal may be filed or is pending.
- C. An agency or nonagency treating professional that makes a decision to release or withhold treatment information in good faith pursuant to section 36-504, subsection B or section 36-509, SUBSECTION A, paragraph 7 is not subject to civil liability for this decision.
 - Sec. 11. Section 36-664, Arizona Revised Statutes, is amended to read: 36-664. <u>Confidentiality; exceptions</u>
- A. A person who obtains communicable disease related information in the course of providing a health service or obtains that information from a health care provider pursuant to an authorization shall not disclose or be compelled to disclose that information except to the following:
- 1. The protected person or, if the protected person lacks capacity to consent, the protected person's health care decision maker.
- 2. The department or a local health department for purposes of notifying a good Samaritan pursuant to subsection E of this section.
- 3. An agent or employee of a health facility or health care provider to provide health services to the protected person or the protected person's child or for billing or reimbursement for health services.
- 4. A health facility or health care provider, in relation to the procurement, processing, distributing or use of a human body or a human body

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 part, including organs, tissues, eyes, bones, arteries, blood, semen, milk or other body fluids, for use in medical education, research or therapy or for transplantation to another person.

- 5. A health facility or health care provider, or an organization, committee or individual designated by the health facility or health care provider, that is engaged in the review of professional practices, including the review of the quality, utilization or necessity of medical care, or an accreditation or oversight review organization responsible for the review of professional practices at a health facility or by a health care provider.
- 6. A private entity that accredits the health facility or health care provider and with whom the health facility or health care provider has an agreement requiring the agency to protect the confidentiality of patient information.
- 7. A federal, state, county or local health officer if disclosure is mandated by federal or state law.
- 8. A federal, state or local government agency authorized by law to receive the information. The agency is authorized to redisclose the information only pursuant to this article or as otherwise permitted by law.
- 9. An authorized employee or agent of a federal, state or local government agency that supervises or monitors the health care provider or health facility or administers the program under which the health service is provided. An authorized employee or agent includes only an employee or agent who, in the ordinary course of business of the government agency, has access to records relating to the care or treatment of the protected person.
- 10. A person, health care provider or health facility to which disclosure is ordered by a court or administrative body pursuant to section 36-665.
- 11. The industrial commission or parties to an industrial commission claim pursuant to the provisions of section 23-908, subsection D and section 23-1043.02.
- 12. Insurance entities pursuant to section 20-448.01 and third party payors or the payors' contractors.
- 13. Any person or entity as authorized by the patient or the patient's health care decision maker.
 - 14. A PERSON OR ENTITY AS REQUIRED BY FEDERAL LAW.
- 15. THE LEGAL REPRESENTATIVE OF THE ENTITY HOLDING THE INFORMATION IN ORDER TO SECURE LEGAL ADVICE.
- 16. A PERSON OR ENTITY FOR RESEARCH ONLY IF THE RESEARCH IS CONDUCTED PURSUANT TO APPLICABLE FEDERAL OR STATE LAWS AND REGULATIONS GOVERNING RESEARCH.
- B. At the request of the department of economic security in conjunction with the placement of children in foster care or for adoption or court-ordered placement, a health care provider shall disclose communicable disease information, including HIV-related information, to the department of economic security.

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- C. A state, county or local health department or officer may disclose communicable disease related information if the disclosure is any of the following:
 - 1. Specifically authorized or required by federal or state law.
- 2. Made pursuant to an authorization signed by the protected person or the protected person's health care decision maker.
- 3. Made to a contact of the protected person. The disclosure shall be made without identifying the protected person.
- 4. For the purposes of research as authorized by state and federal law.
- D. The director may authorize the release of information that identifies the protected person to the national center for health statistics of the United States public health service for the purposes of conducting a search of the national death index.
- E. The department or a local health department shall disclose communicable disease related information to a good Samaritan who submits a request to the department or the local health department. The request shall document the occurrence of the accident, fire or other life-threatening emergency and shall include information regarding the nature of the significant exposure risk. The department shall adopt rules that prescribe standards of significant exposure risk based on the best available medical evidence. The department shall adopt rules that establish procedures for processing requests from good Samaritans pursuant to this subsection. The rules shall provide that the disclosure to the good Samaritan shall not reveal the protected person's name and shall be accompanied by a written statement that warns the good Samaritan that the confidentiality of the information is protected by state law.
- F. An authorization to release communicable disease related information shall be signed by the protected person or, if the protected person lacks capacity to consent, the protected person's health care decision maker. An authorization shall be dated and shall specify to whom disclosure is authorized, the purpose for disclosure and the time period during which the release is effective. A general authorization for the release of medical or other information, including communicable disease related information, is not an authorization for the release of HIV-related information unless the authorization specifically indicates its purpose as an authorization for the release of confidential HIV-related information and complies with the requirements of this section.
- G. A person to whom communicable disease related information is disclosed pursuant to this section shall not disclose the information to another person except as authorized by this section. This subsection does not apply to the protected person or a protected person's health care decision maker.
- H. If a disclosure of communicable disease related information is made pursuant to an authorization under subsection F of this section, the

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 disclosure shall be accompanied by a statement in writing that warns that the information is from confidential records protected by state law and that prohibits further disclosure of the information without the specific written authorization of the person to whom it pertains or as otherwise permitted by law.

- I. This section does not prohibit the listing of communicable disease related information, including acquired immune deficiency syndrome, HIV-related illness or HIV infection, in a certificate of death, autopsy report or other related document that is prepared pursuant to law to document the cause of death or that is prepared to release a body to a funeral director. This section does not modify a law or rule relating to access to death certificates, autopsy reports or other related documents.
- J. If a person in possession of HIV-related information reasonably believes that an identifiable third party is at risk of HIV infection, that person may report that risk to the department. The report shall be in writing and include the name and address of the identifiable third party and the name and address of the person making the report. The department shall contact the person at risk pursuant to rules adopted by the department. The department employee making the initial contact shall have expertise in counseling persons who have been exposed to or tested positive for HIV or acquired immune deficiency syndrome.
- K. Except as otherwise provided pursuant to this article or subject to an order or search warrant issued pursuant to section 36-665, a person who receives HIV-related information in the course of providing a health service or pursuant to a release of HIV-related information shall not disclose that information to another person or legal entity or be compelled by subpoena, order, search warrant or other judicial process to disclose that information to another person or legal entity.
- L. This section or AND sections 36-663, 36-666, 36-667 and 36-668 do not apply to persons or entities subject to regulation under title 20.
- Sec. 12. Section 36-3602, Arizona Revised Statutes, is amended to read:

36-3602. <u>Delivery of health care through telemedicine</u>; requirements; exceptions

- A. Except as provided in subsection θ E of this section, before a health care provider delivers health care through telemedicine, the treating health care provider shall obtain verbal or written informed consent from the patient or the patient's health care decision maker. If the informed consent is obtained verbally, the health care provider shall document the consent on the patient's medical record.
- B. The patient is entitled to all existing confidentiality protections pursuant to section 12-2292.
- C. All medical reports resulting from a telemedicine consultation are part of a patient's medical record as defined in section 12-2291.

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- D. Dissemination of any images or information identifiable to a specific patient for research or educational purposes shall not occur without the patient's consent, unless authorized by state or federal law.
 - E. The consent requirements of this section do not apply:
- 1. If the telemedicine interaction does not take place in the physical presence of the patient.
- 2. In an emergency situation in which the patient or the patient's health care decision maker is unable to give informed consent.
- 3. To the transmission of diagnostic images to a health care provider serving as a consultant or the reporting of diagnostic test results by that consultant.

APPROVED BY THE GOVERNOR APRIL 25, 2005.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 25, 2005.

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Passed the House April 13, 20 05,	Passed the Senate March 8, 20 05.
by the following vote: 57 Ayes,	by the following vote:Ayes,
	2 _ Nays, _ 3 Not Voting
Ann.	Lew Dermet
Speaker of the House Horman J. Moore	President of the Senate
Chief Clerk of the House	Secretary of the Senate
OFFICE OF	TMENT OF ARIZONA GOVERNOR by the Governor this
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at	o'clockM.
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Approved this day of	
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Governor of Arizon	
	EXECUTIVE DEPARTMENT OF ARIZONA OFFICE OF SECRETARY OF STATE
	This Bill was received by the Secretary of State
	this, 20,
S.B. 1353	······································
	at o'clock M.

Secretary of State

SENATE CONCURS IN HOUSE AMENDMENTS AND FINAL PASSAGE

	Passed the Senate Cypil 19, 2005,	
	by the following vote: Ayes,	
	Nays, Not Voting	
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	Secretary of the Senate	
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	19th day of april, 2005	
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	Secretary to the Governor	
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	EXECUTIVE DEPARTMENT OF ARIZONA OFFICE OF SECRETARY OF STATE	
en e	This Bill was received by the Secretary of State	;
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S.B. 1353	at 4'33 o'clock P. M.	
	Secretary of State	-